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PLACE OF BIRTH  County of Hall  ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  State Index No. 1440	
District of Umara ORIGINAL CERT	IFICATE OF BIRTH Co. Register No. 6/0
Town of Manni	
or City of(No	Local Registrar's No
City of (No	St;Ward)
FULL NAME OF CHILD Selia Ben	itee (Born ) YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive	
Sex of Hemale Twin,  Child Hemale or other  Twin,  Triplet or other  and Number in order of birth	Line Date of A
Father Benites	Full MOTHER Maiden Name Manadalonha (On A)
Residence My agent O 440	Residence 14
Color Age at last	Color Agent late
or Race Birthday (Years)	or Race  Met  Age at lact Birthday (Years)
Birthplace 3 acetagas West Birthplace	
Occupation Occupation Occupation	
'umber of child of this mother	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
$oldsymbol{1}$	
hereby certify that I attended the birth of the above child; and that it occurred on Nov. 3- 1917, at 8 A.M.  *When there is no attending physi-)	
	gnature) Cyrif M. Cron M. W. (Attending physician, midwife, householder.*)
Given or Christian name added from a	la · · · · · · · · · · · · · · · · · · ·
pplemental report 191 Filter 30	1919. Mo, Bray ton
222-1/03-76/ Filed///3.0	A True Copy  LOCAL REGISTRAR.  191 Q.  COLINGY DESCRIPTION

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